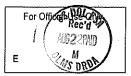
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 1367

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name William Meyers Jr	Name Pipe Fitters' Association, Local 597
	Labor Organization File Number 016-412
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 45 N Ogden Ave	Street 45 N Ogden Ave
City Chicago	City Chicago
State Illinois ZIP Code + 4 60607	State Illinois ZIP Code + 4 60607
5. Position in labor organization. Business Agent	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Chrost	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Shellin Theyen J	On 07/01/2005 312-829-4191
	Date Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Investment Services Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 737 N. Michigan Ave. Suite 1520

City Chicago

State Illinois

ZIP Code + 4 60611-6653

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Pipe Fitters Retirement Fund, Local 597

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 N Ogden Ave

City Chicago

State Illinois

ZIP Code + 4 60607

11.a. Nature of such dealing.

The Retirement Trust uses this company for investment management services.

11.b. Approximate dollar value of such dealing.

\$260,397

Nature of interest held or income received.

Business meetings were conducted over miscellaneous sporting events.

12.b. Amount,

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 14.a. Nature of payment.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.